

ISSUE SLIP SAMPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R.M		10-19-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	TC 886	01-17-02
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	897	03-26-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interfered  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
 staple additional sheet here

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 12-12-02  
 804  
 03/27